

(Form IN FORMA PAUPERIS-Rev. 4/20/05, S.D. of Ohio)

FILED
IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
AT CINCINNATI
ON OCTOBER 28, 2019
AT 1:27 PM
CLERK'S OFFICE
U.S. DISTRICT COURT
CINCINNATI, OHIO

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO

Plaintiff(s) *Felicia Brock*

Case No. *1:19-cv-915*

S. Blotz

M. LIPKOVITZ

vs.

Defendants(s) *Hamilton County Sheriff's*
Hamilton County Clerk of Courts

APPLICATION/ MOTION TO PROCEED
WITHOUT PREPAYMENT OF FEES
(IN FORMA PAUPERIS)
AND AFFIDAVIT IN SUPPORT THEREOF

Instructions: In order for the Court to properly consider your application, you must answer each question below and provide the information requested. No application will be considered until it is fully completed.

I. Are you employed? Yes No

A. If you answered "Yes":

(1) What is the name and address of your employer

(2) How much do you earn per month?

B. If you answered "No"

(1) Have you ever been employed? Yes No

If yes, what was the last year and month you were

employed? Jimmy Johns

How much did you earn a month? I worked for less than a month

II. What is your marital status?

Single Married Widowed Divorced

A. If you answered "Married":

(1) Is your spouse employed? Yes No

If yes, how much does your spouse earn each month?

\$ _____

III. Do you have any dependents? Yes No

If you answered "Yes" list each dependent's name (minor children should be identified only by their initials), relationship to you, and the amount you contribute to their support:

Name	Relationship	Amount
PJ	mom	<u>\$ 495 FFS</u>
LJ	mom	<u>\$ 495 FFS</u>

IV. Within the past twelve (12) months, have you received any income from a business, profession or other form of self-employment, or in the form of rent payments, retirement benefits, annuity payments, interest or dividends, or any other source? Yes No

A. If you answered "Yes," describe each source of income and the total amount you received from that source over the twelve-month period:

Source	Amount	Source	Amount
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

V. Do you have any cash on hand or money in a savings, checking, or other account?

Yes _____ No

A. If you answered "Yes", state the combined total amount:

S

VI. Do you own any real estate, stocks, bonds, notes, automobiles, or any other valuable property?

Yes _____ No

A. If you answered "Yes", describe each piece of property and state it's value:

<u>Property</u>	<u>Value</u>	<u>Property</u>	<u>Value</u>
\$		\$	
\$		\$	
\$		\$	
\$		\$	

VII. List all your creditors, including banks, loan companies, charge accounts, personal loans, rent, utilities, child support, etc., and the amount you pay each month on each bill/obligation:

<u>Creditor</u>	<u>Amount Owed</u>	<u>Creditor</u>	<u>Amount Owed</u>
\$ <u>0</u>		\$ <u>0</u>	
\$ <u>0</u>		\$ <u>0</u>	
\$ <u>0</u>		\$ <u>0</u>	
\$ <u>0</u>		\$ <u>0</u>	

VIII. State your address and telephone number where the Court can reach you.

I declare under penalty of perjury that the above information is true and correct.

10-5-19

Date _____

Felicia Brock
Signature of Applicant

Signature of Applicant

RECEIVED

OCT 28 2019

RICHARD W. NAGEL
Clerk Of Court
CINCINNATI, OHIO

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
DIVISION

Felicia Brock
(Enter Above the Name of the Plaintiff in this Action)

10-19-cv-975

VS.

Hamilton County Sheriffs
(Enter above the name of the Defendant in this Action)

If there are additional Defendants, please list them:

Hamilton County Clerk of Courts

10-19-cv-975

M.J. LITKOVITZ

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

Felicia Brock

Name - Full Name Please - PRINT

^

Street Address

#

City, State and Zip Code

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. Hamilton County Sheriffs
Name - Full Name Please
1000 Sycamore Street Cincinnati
Address: Street, City, State and Zip Code
2. Hamilton County Clerk of Courts
1000 main street Cincinnati ohio 45202
3. _____
4. _____
5. _____
6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- Title 28 U.S.C. § 1343(3)
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- Title 28 U.S.C. § 1331
[A lawsuit "arising under the Constitution, laws, or treaties of the United States."]
- Title 28 U.S.C. § 1332(a)(1)
[A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- Title 12 United States Code, Section 3106a
[Other federal status giving the court subject matter jurisdiction.]

III. Statement of Claim

Please write as briefly as possible the facts of your case. Describe how each Defendant is involved. Include the name of all persons involved, give dates and places.

Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

my name is Felicia Brock July 1st 2015
The sheriffs and Court house Securitys
Flagged me down as i was going to Court
I Was Homeless and Had all of my bags with
Me Security officers Ran my belonging through
The Security all of a sudden they pull guns
or tazers on me told me to stay put dont
Move another step They told everyone to
Leave The building That There is a muslim
With a bomb in her bag They shut The court
House Down Then They called Bomb sniffing
Dogs out and The Dog layed on my bag
I had all my belongings they kept me at
Court From 8am until 6pm or longer they
Destroyed my belongings took 2 Cell phones
and Intimidated Me, Embarrassed me
TO This Day Im Scared to Practice my
Religion and They Said I had a
bomb I Still to This day Have Bad
Dreams and im Scared

IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

Case Number Caption

VS. _____

VS. _____

VS. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

I Want to see for \$2000000.00

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 5 day of Oct, 2019.

Alice Brock
Signature of Plaintiff

JS 44 (Rev. 09/19)

CIVIL COVER SHEET

1819CV915

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Lucia Brock

(c) Attorneys (Item Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant

Sheriff (IN U.S. PLAINTIFF CASES ONLY)

NOTE IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Hamilton County

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	PTF	DEF	Citizen of Another State	PTF	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam /31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability		<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander			<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine			<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability			<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 370 Other Fraud		<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending		<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input checked="" type="checkbox"/> 380 Other Personal Property Damage		<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 385 Property Damage Product Liability		<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 500 Securities/Commodities Exchange

REAL PROPERTY

CIVIL RIGHTS	PRISONER PETITIONS
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other
	<input type="checkbox"/> 448 Education
	<input type="checkbox"/> Habeas Corpus:
	<input type="checkbox"/> 463 Alien Detainee
	<input type="checkbox"/> 510 Motions to Vacate Sentence
	<input type="checkbox"/> 520 General
	<input type="checkbox"/> 535 Death Penalty
	<input type="checkbox"/> Other:
	<input type="checkbox"/> 540 Mandamus & Other
	<input type="checkbox"/> 550 Civil Rights
	<input type="checkbox"/> 555 Prison Condition
	<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement

Click here for Nature of Suit Code Descriptions

<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam /31 USC 3729(a))
	<input type="checkbox"/> 400 State Reapportionment
	<input type="checkbox"/> 410 Antitrust
	<input type="checkbox"/> 430 Banks and Banking
	<input type="checkbox"/> 450 Commerce
	<input type="checkbox"/> 460 Deportation
	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
	<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
	<input type="checkbox"/> 485 Telephone Consumer Protection Act
	<input type="checkbox"/> 490 Cable/Sat TV
	<input type="checkbox"/> 500 Securities/Commodities Exchange
	<input type="checkbox"/> 890 Other Statutory Actions
	<input type="checkbox"/> 891 Agricultural Acts
	<input type="checkbox"/> 893 Environmental Matters
	<input type="checkbox"/> 895 Freedom of Information Act
	<input type="checkbox"/> 896 Arbitration
	<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
	<input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- | | | | | | | |
|--|---|--|---|--|--|---|
| <input type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|--|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

VI. CAUSE OF ACTION

Brief description of cause:

Discrimination, Damages and more.

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.C.V.P.DEMAND \$ 200,000.00 CHECK YES only if demanded in complaint
JURY DEMAND: Yes No**VIII. RELATED CASE(S) IF ANY**

(See Instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IJP

JUDGE

MAG. JUDGE

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Southern District of Ohio

Felicia Brock
Plaintiff(s))
v.)
Hamilton County Sheriffs)
Defendant(s))
Civil Action No. 1:19-cv-915

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Tericia Brock

DEFENDANT

Hamilton County Sheriff

COURT CASE NUMBER

118179CV915

TYPE OF PROCESS

SERVE **AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Hamilton County Sheriff

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Sycamore St. Cincinnati

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Hamilton county Sheriff's

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF

TELEPHONE NUMBER

DATE

DEFENDANT

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process
No.

District of Origin
No.

District to Serve
No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date

Time

am
 pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including *endeavors*

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or
(Amount of Refund?)

REMARKS:

PRINTS COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Southern District of Ohio

Plaintiff(s))
Tericia Brock)
v.) Plaintiff(s)
Defendant(s))
Hamilton County Clerk of Court)
Hamilton County Sheriff(s))
1000 Main Street Cincinnati Ohio 45202)
1000 Sycamore Street Cincinnati Ohio)
Civil Action No. 19CV975

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Hamilton County Clerk of Court
1000 Main Street Cincinnati Ohio 45202
Hamilton County Sheriffs
1000 Sycamore Street Cincinnati Ohio

A lawsuit has been filed against you.
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Tericia Brock</i>	COURT CASE NUMBER	<i>CV-19-67915</i>
DEFENDANT	<i>Hamilton County Clerk of Court</i>	TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	<i>Hamilton County Clerk of Court</i>		
<i>100 main street Cincinnati ohio 45262</i>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<i>Hamilton county Clerk of Court</i>		<input type="checkbox"/> Number of process to be served with this Form 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
--	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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PRIOR EDITIONS MAY BE USED